ATTACHMENT 5 BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the <u>Bid/Bidder Certification Sheet</u>. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with <u>original signatures</u>. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "Bid Submittal Do Not Open".
- B. All required attachments are included with this certification sheet.
- C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- D. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

<u>An</u>	<u>Unsigned E</u>	3id/Bidder	<u>Certification</u>	Sheet May !	Be Cause :	for Bid	Rejection

23M Chaighed Did Did Cotting ation Sheet may be Cause for Did Me Jection								
1. Company Name		2. Telephone Number 2a. Fax Number						
Tim Paxin's tafic exacation Inc.	(116)	916,686-2800 916,686-280						
26. Email Address Pagstelum & Pacificexconation. Com								
3. Address 9796 Kent Street Elk Grove CA. 95624								
Indicate your organization type: 4. Sole Proprietorship 5. Partnership 6. Corporation								
Indicate the applicable employee and/or corporation number: 7. Federal Employee ID No. (FEIN) 954318586 8. California Corporation No. 1845174								
Indicate the Department of Industrial Relations information: 9. Contractor Registration Number 100000188								
Indicate applicable license and/or certification information: 10. Contractor's State Licensing Board Number G94400 A+ C-10		11. PUC License Nu CAL-T-	mber					
12. Bidder' Name (Print) DESCUL Gastelum	<u> </u>	13. Title Conporact	eSocretan					
14. Signature Suste lum	>	15. Date 11-9-10	,					
16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business								
Enterprise Services (OSDS) as: a. Small Business Enterprise If yes, enter certification number: Yes No b. Disabled Veteran Business Enterprise Yes No b. If yes, enter your service code below:								
NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".								
Date application was submitted to OSDS, if an application is pending:								
17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation? Yes \(\sum \) No \(\sum \)								
If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.								

ATTACHMENT 1

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 11/2015)

138,460,00 \$ 131,392,0 7068.00 TOTAL (Estimated Quantity X Unit Price) 8212,00 (Price Per Unit of Measure) 00E09 TOTAL THIS PROPOSAL UNIT PRICE Mounted light replacement services, as detailed in Exhibit A, Scope of Work, Item 6, Description of Work. (2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL. Light pole installation services, as detailed in Exhibit A, Scope of Work, Item 6, Description (1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED. CONTRACT NO. 32A0334 ITEM Tim Pains Laite Execuation, Inc 1 Light 1 Pole UNIT OF MEASURE CONTRACTOR'S NAME (Please Print): 16 12 ESTIMATED QUANTITY 7 ITEM NO.